

Donna Roberts
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1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OKLAHOMA
3
4 ASHLEY MYERS, et al.,)
5 Plaintiffs,)
6 -vs-) No. 22-CV-00119-TCK-JFJ
7 BOARD OF COUNTY COMMISSIONERS)
8 OF ROGERS COUNTY, et al.,)
9 Defendants.)

10 CERTIFIED COPY
11

12 * * * * *

13 DEPOSITION OF DONNA ROBERTS
14 TAKEN ON BEHALF OF THE PLAINTIFFS
15 IN OKLAHOMA CITY, OKLAHOMA
16 ON APRIL 2, 2024
17 COMMENCING AT 10:30 A.M.

18 * * * * *

19
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EXHIBIT

1

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1 Q What is your position with Turn Key?

2 A Chief nursing officer.

3 Q Okay. And how long have you been employed
4 with Turn Key in that capacity?

5 A I've been chief nursing officer coming up on
6 two years, I believe.

7 Q Okay. So it's 2024. You're saying you became
8 chief nursing officer in 2022 sometime?

9 A I believe it was around May of '22, yes.

10 Q Okay. Prior to May of '22, were you employed
11 with Turn Key?

12 A Yes, sir.

13 Q What capacity?

14 A I was the VP of operations from September of
15 2019 until the -- May of '22, when I promoted to CNO.

16 Q Okay. So -- I don't know why I cannot
17 remember this.

18 But this event occurred on November 7th of
19 2019. You would have been employed at Turn Key as the
20 VP of operations during that time. True?

21 A Yes.

22 Q Okay. And prior to September of 2019, were
23 you employed at Turn Key?

24 A Yes. I hired on in March of 2018. I started
25 as CQI nurse, then promoted to DON, and then to HSA, and

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1 So you would agree that the Turn Key nurses,
2 the LPNs that are in there doing the bookings, observing
3 the -- the incarcerated individuals, they need to be
4 able to identify and distinguish the difference between
5 someone who's under the influence and just being
6 obstinate versus somebody who is suffering from a
7 serious physical or mental health condition which may
8 require treatment, even emergency treatment?

9 MR. WINTER: Form.

10 A Yes. I would expect my nurses to be able to
11 ask some questions, take some vital signs and -- and get
12 a -- some information. If they are not comfortable
13 being able -- you know, if they don't feel like they
14 have the information, you know, they need to make the
15 decision, like, "Yes, this person is cleared to -- we
16 can take them," or, "No, they need to go to the hospital
17 for clearance." They have a provider that they can
18 call for -- to ask for guidance and further assistance.

19 But, initially, yes, they -- they should be
20 able to -- to do that.

21 Q (By Mr. Hicks) Okay. And why -- and that's
22 important, because not being able to do that may lead
23 to --

24 A Someone coming into the facility who's not
25 medically stable.

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1 Q Right. Who could then have a serious injury
2 or die --

3 A Correct.

4 MR. WINTER: Form.

5 Q (By Mr. Hicks) -- theoretically?

6 Are Turn Key LPNs qualified to make those
7 assessments?

8 A Yes, sir.

9 Q And you expect -- Turn Key expects -- or you,
10 as the chief nursing officer, expects that those LPNs
11 will make those assessments between someone who has a
12 serious mental or physical condition versus someone
13 who's just intoxicated and obstinate?

14 MR. WINTER: Form.

15 A Well, they're not mental health professionals,
16 so they can't make any kind of mental health diagnosis.
17 But I do expect them to be able to look at a situation
18 and be able to determine whether, "Yes, they can come
19 in," or, "No, they know that this is above what we can
20 do" inside the facility.

21 While we try to keep people in-house as much
22 as we can, we are not an emergency room, we are not --
23 you know, there are just some things that we cannot take
24 care of, and I expect them to be able to make that
25 decision.

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1 And, again, if they have questions and need,
2 you know, some further guidance, they have people
3 available to them to ask for assistance.

4 Q (By Mr. Hicks) And certainly somebody who's
5 showing signs of mental instability, like they're
6 talking to themselves, they're not coherent, they have
7 defecated or urinated themselves, they just appear to be
8 unstable in that way, it would be required that the LPN
9 contact a healthcare provider to obtain some guidance.
10 True?

11 MR. WINTER: Form.

12 A Yes, they can always contact a provider with
13 any questions. They have a medical provider they can
14 contact. If they have a seriously mental ill patient,
15 we have mental health providers that we can contact as
16 well.

17 Q (By Mr. Hicks) And certainly you wouldn't
18 expect -- you would expect them to contact those
19 providers to obtain that guidance. True?

20 MR. WINTER: Form.

21 A Yes, sir.

22 Q (By Mr. Hicks) And the failure to do so would
23 be against Turn Key's standards. True?

24 MR. WINTER: Same.

25 A Yes. My expectation is that those resources

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1 are available to them, I want them to use them.

2 Q (By Mr. Hicks) Why is that important, that,
3 say, an LPN, who comes across somebody, you know,
4 exhibiting those signs and symptoms, contacts someone
5 like an RN or, I guess -- well, let me back up.

6 What is an HCP?

7 A Healthcare provider. It could be our nurse
8 practitioners or our physicians.

9 Q Okay. So at least a nurse practitioner,
10 possibly a doctor?

11 A Correct.

12 Q RNs would not qualify as an HCP?

13 A No.

14 Q Okay. So why is it important for an LPN to
15 contact an HCP under the circumstances that I described?

16 MR. WINTER: Form.

17 A If they are seeing something that... on our
18 fit guidelines, we have criteria, say, for someone
19 having chest pain.

20 Well, a lot of our people that we have coming
21 in, they have -- they don't take their med --
22 medications, they're homeless, you know, they're not
23 taking care of themselves, so they -- they may acclimate
24 and it may be normal for them to run, say, a blood
25 pressure of 150 or 160 over 130 or 80 or 90.

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1 sure they understood the question and determining
2 whether they're incapable of doing -- answering the
3 question or they're just refusing.

4 I mean, they should be able to tell the
5 difference between someone that's under the influence
6 and is not processing, at the moment, the answer, as to
7 someone who's mad and is just refusing to answer, you
8 know.

9 So I expect them to be able to -- to note that
10 difference. And if an officer said, "Well, they said
11 this," then I would expect a follow-up, yes.

12 Q You certainly wouldn't expect them just to
13 check the "no" box in order just to --

14 A No.

15 MR. WINTER: Form.

16 Q (By Mr. Hicks) -- move them down the line?

17 A Correct.

18 Q And why is that? Why would you want them to
19 follow up, as opposed to just simply checking on the
20 "no" box?

21 A Because when we don't gather all the
22 pertinent, correct information, we don't have the tools
23 we need to make sure that that patient is getting the
24 services that they need.

25 Q Right. And those type of people who are

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1 suffering from apparent mental health issues, who have
2 either not answered or even, potentially, said "yes" to
3 thinking of hurting themselves, there's a greater
4 likelihood that they're going to hurt themselves while
5 they're incarcerated, that something is going to happen.
6 True?

7 MR. WINTER: Form.

8 Q (By Mr. Hicks) I mean, we have to be aware
9 that we've got somebody in a situation and we're trying
10 to avoid having that person be hurt or hurt someone
11 else?

12 A Correct.

13 MR. WINTER: Same.

14 Q (By Mr. Hicks) And that's why we're asking the
15 question?

16 A Correct.

17 Q Because that puts us on notice that, "Hey,
18 there could be an incident where this person acts
19 erratically and does something that could cause injury
20 to themselves or others down the -- down the road, you
21 know, during their incarceration, and we want to know
22 that stuff ahead of time"?

23 A Yeah, I expect --

24 MR. WINTER: Same.

25 A -- my nurses to be as thorough as possible

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1 when answering -- or asking the questions.

2 Q (By Mr. Hicks) And simply to say "no", in a
3 section like that, would leave that individual, the
4 mentally ill person, who's maybe suffering a mental
5 health crisis at that point -- would leave them more
6 vulnerable to subsequent uses of, say, excessive force
7 or incidences where they might act out in a way that
8 would cause injury to themselves or others?

9 MR. WINTER: Form. Calls for speculation.

10 A I mean, it's -- it's hard to determine what a
11 person might do, but I do expect my nurses to be as
12 thorough as possible. And, you know, the nurse can ask
13 all the right questions and a patient can be
14 incarcerated and still, you know, make a decision later.

15 Q (By Mr. Hicks) Uh-huh.

16 A And the nurse did everything right.

17 But my expectation is that my nurses are
18 thorough, that they ask the questions, that we are not
19 just checking yeses or nos, because that -- that's not
20 acceptable.

21 Q And I guess my question is, is why -- I am
22 thinking that's not acceptable because it leads to a
23 likelihood of injury or death or something bad happening
24 to either the incarcerated person or to the staff and
25 jailers.

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1 A That is correct, it could --

2 MR. WINTER: Form.

3 A It could happen, yes.

4 Q (By Mr. Hicks) Okay. I mean, I guess the
5 other way of saying it is: Why are we asking those
6 questions?

7 A To prevent.

8 Q To prevent what?

9 A To prevent -- or to try to prevent injury to
10 one's self or injury to, you know, another person.

11 We -- our job is to try to keep them safe and
12 provide the medical care that -- that they deserve and
13 require.

14 The nurses are taught that, specific in
15 suicides, if they make one thing -- if they make one
16 statement that gives you cause that -- "would they
17 stop -- would they hurt themselves" -- my thing is to
18 err on the side of caution and, yes, if they made you
19 pause to think, "Are they thinking about hurting
20 themselves?" then, yes, I'm going to put them on suicide
21 watch. Just --

22 Q Uh-huh.

23 A -- it's better to be safe than, you know, get
24 home and come in the next day and say, "Hmm, they said
25 that and I just -- I thought maybe they didn't and they

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1 wouldn't, but" -- you know.

2 Q Uh-huh.

3 A So that's how I -- when I'm talking to my
4 nurses about it, that's how I educate.

5 Q And so, certainly, a failure to do those
6 things would be a violation of the Turn Key policies, as
7 you understood them as VPO back then?

8 A Yes.

9 MR. WINTER: Same.

10 Q (By Mr. Hicks) And it would be a violation of
11 nursing standards, in general, as you understood them as
12 a registered nurse?

13 MR. WINTER: Same.

14 A Yes.

15 Q (By Mr. Hicks) And since you had mentioned,
16 you know, "We don't want to be the next day having
17 assumed something, it's better just to take the safest
18 approach" --

19 A Uh-huh.

20 Q -- "if somebody is not answering, we don't
21 want to just assume that they're okay and go ahead and
22 book them in or accept them in, we want to take the
23 safest approach."

24 MR. WINTER: Form.

25 Q (By Mr. Hicks) True?

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1 uses to verify what training is provided and when it's
2 provided to a new hire?

3 MR. WINTER: Form.

4 A Yes, this is our checklist from 2019 that we
5 were using.

6 Q (By Mr. Hicks) And you would agree that the
7 category that says "day completed" is -- shows when the
8 actual training was completed, the day it was
9 completed --

10 MR. WINTER: Form.

11 Q (By Mr. Hicks) -- for each category?

12 A It says "date completed," but it could have
13 been maybe that's just the date they completed signing
14 off when they did their follow-up on it. Sometimes,
15 they do it as they're going through it right then.

16 Q Uh-huh.

17 A Sometimes, depending on the nurse and her
18 orientation and her -- you know, that they -- as they go
19 through things and they complete it, they will date it
20 then. But it looks like they just signed off on this
21 all on the same day.

22 Q You would agree with Dr. Cooper that it's
23 important to -- I deposed him, as well, in this -- it's
24 important to do this training at the beginning of
25 employment. True?

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1 MR. WINTER: Form.

2 A Yes. Orientation is at the beginning of their
3 employment, yes.

4 Q (By Mr. Hicks) And that failure to do it at
5 the beginning of employment could allow a new hire to
6 develop certain habits and practices that are in
7 violation of Turn Key standards --

8 MR. WINTER: Same.

9 Q (By Mr. Hicks) -- as they've worked there over
10 a period of months, without the orientation?

11 MR. WINTER: Same.

12 A Yes, all of our staff should go through the
13 orientation before they're working on the floor.

14 Q (By Mr. Hicks) And that this form is the only
15 way to verify what training is provided and when it's
16 provided?

17 MR. WINTER: Form.

18 A At this point in time, I believe this was the
19 only form that they're using for orientation, yes.

20 Q (By Mr. Hicks) So the only written
21 documentation that would exist regarding whether -- in
22 this instance, Ms. Kylee Foster -- when and what she was
23 trained on, is contained in this form?

24 MR. WINTER: Form, foundation.

25 A Correct, this is the only document that I --

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1 Q (By Mr. Hicks) And --

2 A -- that we have, as to my knowledge.

3 Q And the third column is indicated that it
4 should be the date that the actual training is
5 completed. True?

6 MR. WINTER: Same.

7 Q (By Mr. Hicks) It says -- it, literally, says
8 "day completed"?

9 A Yes.

10 Q And so based on all of the written
11 documentation available, it appears that the date
12 completed, for all of these categories of training,
13 would be 10/2/19?

14 MR. WINTER: Same.

15 A According to this, yes.

16 Q (By Mr. Hicks) And doing so would be in
17 violation of Turn Key's policies and practices. True?

18 MR. WINTER: Sorry. Doing -- doing --

19 A Yes, this --

20 MR. WINTER: -- doing so? Is that what you
21 said?

22 MR. HICKS: That's what I said.

23 MR. WINTER: Okay. Form.

24 MR. HICKS: You know that I'm referring to --
25 let me -- I'll just ask it a different way --

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1 where she's already -- she's observed it and she's felt
2 comfortable enough for her safety to approach the
3 situation and give advice on how to restrain the
4 individual.

5 A Okay.

6 MR. WINTER: Form.

7 Q (By Mr. Hicks) Okay?

8 Under that circumstance, would you agree that
9 this policy, if during that conversation about
10 restraint, she noticed that there was -- that the health
11 of the inmate was being jeopardized, that under this
12 policy, she would have a duty to communicate that?

13 MR. WINTER: Same.

14 A Yes.

15 Q (By Mr. Hicks) She can't just sit idly by
16 while somebody, who is notably struggling and moving and
17 loudly snorting, when they're in a prone restraint
18 situation, then goes limp, is no longer making breathing
19 sounds, is no longer moving, is no longer talking, and
20 has become to the point where even the nurse and other
21 officers are questioning whether she's breathing or is
22 conscious, she cannot just stand --

23 A No --

24 MR. WINTER: Form.

25 Q -- by --

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1 A She has to be involved in that point.

2 MR. WINTER: Again, I don't know if he was
3 finished or not.

4 THE WITNESS: Sorry.

5 MR. WINTER: Make sure he's finished. I think
6 you knew where he was going, but so the record's clear.

7 MR. HICKS: You're doing fine. I thought you
8 were -- I was finished. I thought you did fine. But he
9 did want to say "form," so...

10 MR. WINTER: And I thought you were still
11 going and I didn't mean it as a slight. I just thought
12 you were still going, so I didn't want her to step on
13 your toes.

14 Q (By Mr. Hicks) She should step in at that
15 point, is what you said. Right?

16 MR. WINTER: Form.

17 A Yes.

18 Q (By Mr. Hicks) Okay. And what would you --
19 you would expect her to -- well, let me back up.

20 Does Turn Key provide -- you're aware of the
21 dangers of prone restraint --

22 A Uh-huh.

23 Q -- true?

24 MR. WINTER: Same.

25 A Yes, sir.

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1 A Uh-huh.

2 Q (By Mr. Hicks) They talk about, you know, kind
3 of the dangers of -- to the person being restrained?

4 A Right.

5 Q Did they tell you about that when you were
6 being on-boarded?

7 MR. WINTER: About the George Floyd situation
8 or just generally?

9 MR. HICKS: Well, as I mentioned, that hadn't
10 occurred there, but I was just trying to use it as a
11 descriptive way of --

12 MR. WINTER: Okay. Form.

13 A I don't remember specifically what all was
14 involved in the training in -- I mean, I -- to speak
15 specifically to that, I don't recall.

16 Q (By Mr. Hicks) As of September of 2018, when
17 you were VPO, did you expect that the new hires, new
18 LPNs would be taught about the specific dangers to the
19 person being held in a prone restraint, including
20 asphyxiation and cardiac arrest, under certain
21 circumstances?

22 MR. WINTER: Form.

23 A As part of their orientation, yes, we should
24 be -- they should be covering restraints. And when
25 they're used -- medical doesn't order restraints, we

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1 just monitor the patient when detention uses them.

2 And, yes, that should have been part of her
3 on-boarding orientation in regards to that.

4 Q (By Mr. Hicks) Would there be any
5 documentation, PowerPoints, you know, things of -- to
6 show the substance of what would have been told to a new
7 LPN like Ms. Foster, for example --

8 MR. WINTER: Same.

9 Q (By Mr. Hicks) -- regarding that prone
10 restraint situation?

11 A I would have to review our orientation stuff
12 from that time period, because I don't recall, off the
13 top of my head, specifically what it talks about when it
14 covers restraints.

15 Q Okay. But there -- there is substantive
16 training that's provided in their packets or PowerPoints
17 or things --

18 A We do discuss restraints with them, yes.

19 Q And that was back in 2019, as well?

20 A It should be, because it should be in here, as
21 well, I think.

22 Q And I can look for it later --

23 A Yeah, I don't see it on here, but I know that
24 it should be part of -- whenever we do our training and
25 we go through that and our policies, I -- they -- I

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1 mean, it should be covered with them.

2 But I don't see restraints specifically on
3 here.

4 Q So -- and the reason you discussed that with
5 the new hire and the new nurses would be so that if they
6 encounter or witness, come upon, after the fact, a
7 situation where a prone restraint is being used, they
8 know what to look for to determine whether the
9 individual is in a serious medical -- something bad is
10 happening?

11 MR. WINTER: Same.

12 A Correct.

13 Q (By Mr. Hicks) So, as of November 7th, even if
14 Ms. Foster was trained only on 10/2, by that point, she
15 was aware of the things to look for to determine whether
16 Ms. Tedder -- let me strike that.

17 She was -- per Turn Key's requirements for
18 training, she should have been told what to look for to
19 determine whether Ms. Tedder was suffering from some
20 sort of a serious medical condition as a result of being
21 in a prone restraint?

22 MR. WINTER: Same.

23 A I would think that, yes, that should have been
24 covered in her orientation.

25 Q (By Mr. Hicks) And what would we be -- as VPO

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1 know, if they see the patient is getting where they
2 can't talk or they can't breathe. Those are the things
3 that they should be looking for.

4 Q So if we have a patient who is obviously very
5 verbal, very loud talking -- saying lots of stuff, who
6 then goes silent, that should be a clue. True?

7 MR. WINTER: Form.

8 A It depends on the situation.

9 Q (By Mr. Hicks) The situation of a prone
10 restraint, being held down with an officer on their
11 back, and then we have a patient who's -- I'm going to
12 go through a number of things, so it's not the only
13 clue.

14 But we have a patient, you said they should
15 recognize whether they're talking and they don't. So if
16 we have someone who is in a prone restraint, an officer
17 on their back, they have previously been very verbal,
18 very loud, talking, and then, all of a sudden, they're
19 silent. That should at least be kind of --

20 A Then that would trigger me to have --

21 Q -- a clue?

22 A -- someone try to talk to her, ask her some
23 questions, is she still with us, you know, start
24 gathering some information.

25 Q If they are making loud breathing noises, you

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1 know, snorting sounds, and then, all of a sudden, there
2 are no more breathing sounds, an LPN observing this,
3 that would be another clue that maybe this person is in
4 medical distress. True?

5 MR. WINTER: Form.

6 A Yes.

7 Q (By Mr. Hicks) If they're moving and fighting
8 and then, all of the sudden, they're limp, they're not
9 moving at all, their arms are just, you know --

10 A Uh-huh.

11 Q -- that would be -- and, again, we have an LPN
12 observing this -- that would be another clue that that
13 person could be in medical distress?

14 MR. WINTER: Same.

15 A Again, I would ask what they are seeing. Are
16 they -- are they -- are they just tired? Did they just
17 give up? Because sometimes they just work themselves up
18 to a -- did they just quit? And then there's a
19 difference of someone who quit because they're not
20 breathing.

21 Q (By Mr. Hicks) Sure. But it's at least enough
22 to trigger --

23 A Yes.

24 Q -- thinking that, and then trigger, as well,
25 taking action to determine which it is?

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1 A Yes.

2 MR. WINTER: Same.

3 Q (By Mr. Hicks) And we would at least want,
4 expect our LPN to step up, under that circumstance, and
5 say, "Hey, this person is -- they're not moving, they're
6 not breathing, they're not saying noises, let's get them
7 flipped over and figure out -- let's assess them or
8 evaluate them," or whatever the correct word is. But,
9 "Let's take a look at them." Right?

10 MR. WINTER: Same.

11 A Yes, I feel that's reasonable.

12 Q (By Mr. Hicks) And a failure to do that would
13 be a violation of Turn Key's policies and practices, in
14 your expectations, as the VPO at the time?

15 MR. WINTER: Same.

16 A Yes, I expect my nurses to -- if they see
17 that, that they're to say something.

18 Q (By Mr. Hicks) Okay.

19 MR. HICKS: You got something --

20 MR. WINTER: Break?

21 MR. HICKS: Yeah.

22 (Recess was had from 12:44 p.m. to 12:58 p.m.)

23 Q (By Mr. Hicks) We're back on. Is there
24 anything about your prior answer you want to change or
25 state differently?

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1 talking about the facts of what we're doing when I use
2 the word, whether it be assess, evaluate.

3 A Okay.

4 Q I'm just trying to say take a look at, you
5 know.

6 A Right.

7 Q Figure out what's going on.

8 A Uh-huh.

9 Q So we were talking about that.

10 Why is it important that that occur, that
11 assessment for -- I know not the Nursing Practice Act
12 assessment, but just that that evaluation occurs right
13 there at that point?

14 A Why the pre-book occurs?

15 Q No. No, we're talking about -- we're in the
16 prone restraint --

17 A Uh-huh.

18 Q -- we've witnessed certain things -- or
19 certain things have occurred while we're there
20 observing, we've asked, you know, as the LPN, if --
21 whether the person is conscious, there's --

22 A Right.

23 Q -- questions of whether she's breathing. And
24 we talked about the -- that the LPN should have said,
25 "Hey, I need to take a look at this person. We need to

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1 hold on."

2 Why is that important?

3 MR. WINTER: Form.

4 Q (By Mr. Hicks) And I guess I'll fill in the
5 blank and see if you disagree with me.

6 I think it's important because it's to prevent
7 death or serious injury to the person being restrained.

8 Do you agree with that?

9 MR. WINTER: Form.

10 A Yes.

11 Q (By Mr. Hicks) We want to make sure that this
12 person is not going without oxygen, for example, for an
13 extended period of time, due to being restrained in that
14 way. True?

15 A True.

16 Q And so failing to do that -- well, strike
17 that.

18 Now, moving forward with the situation,
19 regardless of whether that occurred, say we get
20 Ms. Tedder into a -- another room, we have her laid out,
21 we -- what are you expecting your nurse to do at that
22 point? Ms. Tedder, at this point, is still motionless
23 and nonresponsive.

24 What's the next action that they should do,
25 according to their training at Turn Key?

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1 you know, just first-aid type stuff.

2 Q Uh-huh.

3 A Some of them will have, like, the CPR guard
4 mask and it -- it comes with a -- a sheet of, you know,
5 what we expect them to have in those bags.

6 Q Okay. In her deposition, Ms. Foster said she
7 was going to go get a vital machine -- vitals machine.

8 A Uh-huh.

9 Q What is that?

10 A I would guess that she's either talking about
11 what they call a nurse on a stick -- which is a machine
12 that's on wheels that takes your blood pressure, your
13 pulse, those kind of things.

14 I don't know if Creek County didn't -- or not
15 Creek County -- Rogers, if they had that, or she was
16 just talking about getting, like, an electronic vital
17 sign machine, or she was just getting a blood pressure
18 cuff and a stethoscope to do it manually.

19 But that's -- that's what she was referring
20 to, was getting that.

21 Q Certainly you wouldn't want her to leave an
22 unresponsive patient, who's not breathing and doesn't
23 have a pulse, to get a vitals machine, unless she's
24 directed someone else to begin CPR?

25 MR. WINTER: Form.

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1 A If there is an officer that is performing the
2 CPR, then, yes, if she needs to go get that -- as long
3 as she knows that they've started it and they're in the
4 process of that and she needs that, then, yes, as long
5 as that CPR has initiated and taken -- taken place.

6 But it could have went either way, where she
7 was doing CPR and directed the officer, either way. As
8 long as CPR was being done, is what was important.

9 In our smaller sites, where we don't have
10 multiple nurses on -- on site, the detention officers do
11 play a bigger role in, like, performing CPR and doing
12 those things, because the nurse can't be everywhere,
13 doing everything.

14 Q (By Mr. Hicks) So, certainly, CPR is priority
15 Number 1, getting the machine is priority Number 2?

16 MR. WINTER: Form.

17 A Correct.

18 Q (By Mr. Hicks) And when you were VPO back
19 then, what, if anything, was expected to be reported to
20 you regarding whether a particular new hire is competent
21 to perform their job functions?

22 A When does a regional manager reach out to me
23 about a -- a new employee?

24 Q Yeah. Is there a requirement that the
25 regional manager report up to you and say, "Hey, here's